

3-7105 PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Applicable correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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28075 7590 01/12/2005

CROMPTON, SEAGER & TUFTE, LLC
1221 NICOLLET AVENUE
SUITE 800

MINNEAPOLIS, MN 55403-2420
04/01/2005 WABDEL3 00000104 10785350

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 3.00 OP

CERTIFICATE UNDER 37 C.F.R. 1.10:

I hereby certified that this Fee Transmittal is being deposited in the US Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: **EV 314496835 US**, in an envelope addressed to the USPTO on the date indicated below.

Kathleen L. Boekley (Depositor's name)
Kathleen L. Boekley (Signature)
March 30, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/785,350	02/24/2004	Michael Gerdts	1001.1447103	8745

TITLE OF INVENTION: RAPID EXCHANGE STENT DELIVERY SYSTEM AND ASSOCIATED COMPONENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/12/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOOK, JAMES F	3754	604-103040

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **CROMPTON, SEAGER & TUFTE, LLC**
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SciMed Life Systems, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies one (1)

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature David M. Crompton
 Typed or printed name **David M. Crompton**

Date 3/30/05
 Registration No. 36,772

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael Gerdts et al.

Confirmation No.: 8745

Serial No.: 10/785,350

Examiner: J. Hook

Filing Date: February 24, 2004

Group Art Unit: 3754

Docket No.: 1001.1447103

Customer No.: 28075

For: RAPID EXCHANGE STENT DELIVERY SYSTEM AND ASSOCIATED COMPONENTS

TRANSMITTAL SHEET

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 314496835 US, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 30th day of March 2005.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached:

☐

Amendment

☐ No additional claim fee required

☐ The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
				SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 25 =	\$	X 50 =	\$
INDEPENDENT CLAIMS	-	=		X 100 =	\$	X 200 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 180 =	\$	+ 360 =	\$
TOTAL				\$		\$	

☐

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.



[XX] A check in the amount of \$1,703.00 is enclosed. Itemization:

Fee Code <u>1501</u>	<u>\$1,400.00</u>
Fee Code <u>1504</u>	<u>\$ 300.00</u>
Fee Code <u>8001</u>	<u>\$ 3.00</u>

[X] Other: CHANGE IN FEE ADDRESS.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to
Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772

David M. Crompton
CROMPTON, SEAGER & TUFTE, LLC
1221 Nicollet Avenue, Suite 800
Minneapolis, MN 55403-2420
Telephone: (612) 677-9050
Facsimile: (612) 359-9349